| | Case 17 | '-50087-b | f13 Doc 1 | | led 03/1 cument | | Entered 03/1 2.1 of 39 | .7/17 17 | :15:33 | De | esc Main |
|---------------|--|---|---|--------------------------|-----------------------------|----------------------------------|---|------------------------|---------------------------------|--------|--|
| Fill | in this informat | ion to identify | your case and th | | | 1 ACC | | | | | |
| Deb | otor 1 | Margaret Ar | n Nash | | | | | | | | |
| Dak | | First Name | Middle | e Name | | Last Name | • | | | | |
| | otor 2 use, if filing) | First Name | Middle | e Name | | Last Name | , | | | | |
| Uni | ted States Bankr | uptcy Court fo | the: WESTERN | DISTR | ICT OF MIS | SSOURI | | | | | |
| Cas | se number 17- | 50087 | | | | | | | | | Check if this is an amended filing |
| Sc | ficial Forn | A/B: P | _ | an assot | anly once | If an assot fit | s in more than one | catogory li | t the asset in | tho | 12/15 |
| hink infor | tit fits best. Be as mation. If more sp ver every question | s complete and pace is needed, n. | accurate as possib attach a separate s uilding, Land, or Ot | le. If two heet to ti | married peo his form. On | ople are filing the top of an | together, both are y additional pages, | equally resp | onsible for su | ipply | ing correct |
| | | · | | | | | | | | | |
| | _ | e any legal or ed | quitable interest in a | any resid | ence, bullal | ng, iand, or si | imilar property? | | | | |
| | No. Go to Part 2. | | | | | | | | | | |
| | Yes. Where is the | e property? | | | | | | | | | |
| | | | | | | | | | | | |
| 1.1 | | | | What | is the prope | erty? Check all | that apply | | | | |
| | 3210 Norman | ndy Rd | | | Single-fami | - | | Do not ded | uct secured cla | aims (| or exemptions. Put |
| | Street address, if av | ailable, or other de | scription | _ | - | multi-unit buildi | ing | the amount | of any secure | d clai | ms on Schedule D: ecured by Property. |
| | | | | | Condomini | um or coopera | tive | Creditors v | viio i iave Ciali | 113 36 | ecured by Froperty. |
| | | | | _ | Manufactur | red or mobile h | nome | | | | |
| | Saint Joseph | n MO | 64505-0000 | | Land | | | Current va entire prop | | | rrent value of the rtion you own? |
| | City | State | ZIP Code | | Investment | t property | | | 60,000.00 | ٠. | \$60,000.00 |
| | | | | | Timeshare Other | | | | | | ownership interest |
| | | | | _ | _ | est in the pro | perty? Check one | • | ee simple, ten e), if known. | ancy | by the entireties, or |
| | | | | | Debtor 1 or | - | , | Fee Sim | ple | | |
| | Buchanan | | | | Debtor 2 or | nly | | | | | |
| | County | | | | Debtor 1 ar | nd Debtor 2 on | nly | ☐ Check | if this is con | nmun | ity property |
| | | | | | | e of the debtor | | , | structions) | | |
| | | | | | | n you wisn to cation number | add about this iten | n, sucn as io | cai | | |
| | | | | Hon | - | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | Add the dollar v | value of the p | ortion you own fo | r all of | vour entrie | s from Part | 1. including any | entries for | 1 | | |

Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......

\$60,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 17-50087-btf13 Doc 12 Filed 03/17/17 Entered 03/17/17 17:15:33 Desc Main Page 2 of 39 Document Case number (if known) 17-50087 Debtor 1 Margaret Ann Nash 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Hyundai Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Entourage** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2007 Year: Debtor 2 only Current value of the Current value of the 150,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another VIN: KNDMC233476037246 \$4.000.00 \$4,000.00 Significant body damage from ☐ Check if this is community property (see instructions) wreck 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$4,000.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Range-\$80; Refrigerator-\$40; Freezer-\$200; Washer-\$200; Microwave-\$40; Sofa-\$40; Coffeetable-\$50; Endtables-\$20; Lamps-\$30; Beds-\$300; Dressers-\$100; Dishes/Utensils-\$60; Desk-\$100; Bookcase-\$50; Videos-\$100; CDs/DVDs-\$100; Lawn \$2,030.00 equipment & tools-\$20; Patio furniture-\$500; 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... TVs-\$350; VCR-\$100; Computer-\$100; \$550.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No

☐ Yes. Describe.....

| Yes. Describe Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ Yes. Describe | |
|--|---|
| ■ Yes. Describe Clothes | \$200.00 |
| 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, go No Yes. Describe Earrings-\$40; Necklaces-\$10; Rings-\$40; | old, silver |
| 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information | |
| 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here | \$2,870.00 |
| Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes | on |
| Cash | \$125.00 |
| 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage he institutions. If you have multiple accounts with the same institution, list each. □ No ■ Yes | ouses, and other similar |
| 17.1. Checking US Bank | \$262.00 |
| 17.2. Savings Goetz Credit Union | \$829.00 |
| 17.3. Savings Postal Credit Union | \$166.00 |

Official Form 106A/B

Case 17-50087-btf13 Doc 12 Filed 03/17/17 Entered 03/17/17 17:15:33 Desc Main

| | ebtor 1 Margaret Ann Nash | Docume | Case number (if known) | 17-50087 |
|---|---|---|---|------------------------------------|
| | | | | |
| | Bonds, mutual funds, or publicly Examples: Bond funds, investment No | | ns, money market accounts | |
| | *** | titution or issuer name: | | |
| 19. | Non-publicly traded stock and int joint venture No | erests in incorporated and | unincorporated businesses, including an interest | in an LLC, partnership, and |
| | ☐ Yes. Give specific information about | out them of entity: | % of ownership: | |
| 20. | Non-negotiable instruments are tho | sonal checks, cashiers' chec | non-negotiable instruments ks, promissory notes, and money orders. meone by signing or delivering them. | |
| | ■ No □ Yes. Give specific information about Issuer | ut them name: | | |
| | □ No | | savings accounts, or other pension or profit-sharing p | lans |
| | Yes. List each account separately Type of a | | tution name: | |
| | Retirem | ent Plan Hea | artland Health Defined Benefit Retirement n | |
| | | | otor will be paid \$1,660.20 per month for upon retirement | Unknown |
| 22. | Security deposits and prepaymen | | | |
| | Examples: Agreements with landlor | | nay continue service or use from a company es (electric, gas, water), telecommunications compani | es, or others |
| | Examples: Agreements with landlor No | ds, prepaid rent, public utiliti | | es, or others |
| | Examples: Agreements with landlor No Yes | ds, prepaid rent, public utiliti Insti | es (electric, gas, water), telecommunications compani- tution name or individual: | es, or others |
| | Examples: Agreements with landlor No | ds, prepaid rent, public utiliti Insti | es (electric, gas, water), telecommunications compani- tution name or individual: | es, or others |
| 23. | Examples: Agreements with landlor No Yes Annuities (A contract for a periodic No | ds, prepaid rent, public utiliti Insti | es (electric, gas, water), telecommunications compani- tution name or individual: | es, or others |
| 23. 24. | Examples: Agreements with landlor No Yes Annuities (A contract for a periodic No Yes Issuer name a Interests in an education IRA, in a 26 U.S.C. §§ 530(b)(1), 529A(b), and | ds, prepaid rent, public utiliti Insti payment of money to you, e nd description. n account in a qualified AE | es (electric, gas, water), telecommunications compani- tution name or individual: | |
| 23. 24. | Examples: Agreements with landlor No Yes Annuities (A contract for a periodic No Yes Issuer name a Interests in an education IRA, in a 26 U.S.C. §§ 530(b)(1), 529A(b), and No | ds, prepaid rent, public utiliti Insti payment of money to you, e nd description. n account in a qualified AE 1529(b)(1). | es (electric, gas, water), telecommunications compani- tution name or individual: ither for life or for a number of years) | |
| 23. 24. | Examples: Agreements with landlor No Yes Annuities (A contract for a periodic No Yes Interests in an education IRA, in a 26 U.S.C. §§ 530(b)(1), 529A(b), and No Yes Institution name | ds, prepaid rent, public utiliti Insti payment of money to you, e nd description. n account in a qualified AE 1 529(b)(1). ne and description. Separate | es (electric, gas, water), telecommunications companient tution name or individual: hither for life or for a number of years) | gram. |
| 23.24.25. | Examples: Agreements with landlor No Yes | ds, prepaid rent, public utiliti Insti payment of money to you, e nd description. n account in a qualified AE d 529(b)(1). ne and description. Separate ts in property (other than a | es (electric, gas, water), telecommunications companient itution name or individual: ither for life or for a number of years) BLE program, or under a qualified state tuition program, or under a qualified state tuition program. | gram. |
| 23.24.25.26. | Examples: Agreements with landlor No Yes | ds, prepaid rent, public utiliti Insti payment of money to you, e nd description. n account in a qualified AE d 529(b)(1). ne and description. Separate ts in property (other than a out them crade secrets, and other interests. | es (electric, gas, water), telecommunications companient itution name or individual: ither for life or for a number of years) BLE program, or under a qualified state tuition program, or under a qualified state tuition program, the records of any interests.11 U.S.C. § 521(c): anything listed in line 1), and rights or powers exertellectual property | gram. |
| 23.24.25.26. | Examples: Agreements with landlor No Yes | Insti- payment of money to you, e nd description. n account in a qualified AE d 529(b)(1). ne and description. Separate ts in property (other than a out them trade secrets, and other interests, proceeds from roy | es (electric, gas, water), telecommunications companient itution name or individual: ither for life or for a number of years) BLE program, or under a qualified state tuition program, or under a qualified state tuition program, the records of any interests.11 U.S.C. § 521(c): anything listed in line 1), and rights or powers exertellectual property | gram. |
| 23.24.25.26. | Examples: Agreements with landlor No Yes | Insti- payment of money to you, e nd description. n account in a qualified AE d 529(b)(1). ne and description. Separate ts in property (other than a out them grade secrets, and other into websites, proceeds from roy out them eneral intangibles | es (electric, gas, water), telecommunications companient itution name or individual: ither for life or for a number of years) BLE program, or under a qualified state tuition program, or under a qualified state tuition program, the records of any interests.11 U.S.C. § 521(c): anything listed in line 1), and rights or powers exertellectual property | gram. rcisable for your benefit |

Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions.

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| De | ebtor 1 Margaret Ann Nash | | ase number (if known) 1 | 7-50087 |
|-----|---|--|------------------------------|----------------------------|
| 28. | Tax refunds owed to you ■ No | | | |
| | ☐ Yes. Give specific information about them, including | whether you already filed the returns and | d the tax years | |
| | Family support Examples: Past due or lump sum alimony, spousal sup | pport, child support, maintenance, divorc | e settlement, property se | itlement |
| | ■ No □ Yes. Give specific information | | | |
| | Other amounts someone owes you Examples: Unpaid wages, disability insurance paymer benefits; unpaid loans you made to someo No | | pay, workers' compensa | tion, Social Security |
| | ☐ Yes. Give specific information | | | |
| | Interests in insurance policies Examples: Health, disability, or life insurance; health s ■ No | avings account (HSA); credit, homeowne | er's, or renter's insurance | |
| | ☐ Yes. Name the insurance company of each policy an Company name: | d list its value. Beneficiary | y : | Surrender or refund value: |
| 32. | Any interest in property that is due you from some of you are the beneficiary of a living trust, expect processomeone has died. No | | urrently entitled to receive | property because |
| | ☐ Yes. Give specific information | | | |
| 33. | Claims against third parties, whether or not you ha Examples: Accidents, employment disputes, insurance No | | or payment | |
| | ☐ Yes. Describe each claim | | | |
| 34. | Other contingent and unliquidated claims of every No | nature, including counterclaims of the | edebtor and rights to se | t off claims |
| | ☐ Yes. Describe each claim | | | |
| | Any financial assets you did not already list ■ No | | | |
| | ☐ Yes. Give specific information | | | |
| 36 | Add the dollar value of all of your entries from Part for Part 4. Write that number here | | | \$1,382.00 |
| Pa | rt 5: Describe Any Business-Related Property You Own or | Have an Interest In. List any real estate in | Part 1. | |
| 37. | Do you own or have any legal or equitable interest in any b | usiness-related property? | | |
| ı | No. Go to Part 6. | | | |
| [| Yes. Go to line 38. | | | |
| Pa | rt 6: Describe Any Farm- and Commercial Fishing-Related If you own or have an interest in farmland, list it in Part 1. | Property You Own or Have an Interest In. | | |
| 46. | Do you own or have any legal or equitable interest No. Go to Part 7. | in any farm- or commercial fishing-rel | ated property? | |
| | ☐ Yes. Go to line 47. | | | |
| Pa | rt 7* Describe All Property You Own or Have an Inters | st in That You Did Not List Above | | |

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Case number (if known) 17-50087 Debtor 1 **Margaret Ann Nash** 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$60,000.00 Part 2: Total vehicles, line 5 \$4,000.00 Part 3: Total personal and household items, line 15 \$2,870.00 57. Part 4: Total financial assets, line 36 58. \$1,382.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61.

\$8,252.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$8,252.00

\$68,252.00

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Document Page 7 of 39

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--------------------------|--------------------|-------------|---|--------------------------------------|
| Debtor 1 | Margaret Ann Nas | sh | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | _ | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT C | OF MISSOURI | | |
| _ | 17-50087 | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as E | xempt | | | |
|----|---|--------------------------------------|---------|---|------------------------------------|
| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | ur spouse is filing with you. | |
| | You are claiming state and federal nonban | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 t | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 3210 Normandy Rd Saint Joseph, MO 64505 Buchanan County | \$60,000.00 | | \$3,670.94 | RSMo § 513.475 |
| | Home Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Range-\$80; Refrigerator-\$40; | \$2,030.00 | | \$2,030.00 | RSMo § 513.430.1(1) |
| | Freezer-\$200; Washer-\$200; Microwave-\$40; Sofa-\$40; Coffeetable-\$50; Endtables-\$20; Lamps-\$30; Beds-\$300; Dressers-\$100; Dishes/Utensils-\$60; Desk-\$100; Bookcase-\$50; Videos-\$100; CDs/DVDs-\$100; Lawn equipment & tools-\$20; Pat Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | TVs-\$350; VCR-\$100; Computer-\$100; | \$550.00 | | \$550.00 | RSMo § 513.430.1(1) |
| | Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Clothes Line from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | RSMo § 513.430.1(1) |
| | Line nom Scriedule A/D. 11.1 | | | 100% of fair market value, up to | |

any applicable statutory limit

Case 17-50087-btf13 Doc 12 Filed 03/17/17 Entered 03/17/17 17:15:33 Desc Main Debtor 1 Margaret Ann Nash

Debtor 1 Margaret Ann Nash

Case 17-50087-btf13 Doc 12 Filed 03/17/17 Entered 03/17/17 17:15:33 Desc Main Document Page 8 of 39

Case number (if known) 17-50087

| De | Walgaret Allii Nasii | | | | 17-30007 |
|----|--|--------------------------------------|----------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Earrings-\$40; Necklaces-\$10; Rings-\$40; | \$90.00 | | \$90.00 | RSMo § 513.430.1(2) |
| | Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash Line from Schedule A/B: 16.1 | \$125.00 | | \$125.00 | RSMo § 513.430.1(3) |
| | Line Holl Schedule A/D. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: US Bank Line from Schedule A/B: 17.1 | \$262.00 | | \$262.00 | RSMo § 513.430.1(3) |
| | Line from Scredule A/B. 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings: Goetz Credit Union Line from Schedule A/B: 17.2 | \$829.00 | | \$213.00 | RSMo § 513.430.1(3) |
| | Line Horr Schedule A/D. 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Retirement Plan: Heartland Health Defined Benefit Retirement Plan | Unknown | | \$0.00 | RSMo § 513.430.1(10)(f) |
| | Debtor will be paid \$1,660.20 per month for life upon retirement Line from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | led on or after the date of adjustmer | it.) |
| | | end by the exemption wi | ithin 1 | 215 days before you filed this sees | |
| | ☐ Yes. Did you acquire the property cover☐ No | ed by the exemption wi | iu III I | ,213 days before you filed this case | ı |
| | ☐ Yes | | | | |

Case 17-50087-btf13 Doc 12 Filed 03/17/17 Entered 03/17/17 17:15:33 Desc Main

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-------------|--------------------------------------|
| Debtor 1 | Margaret Ann Na | sh | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT (| OF MISSOURI | |
| Case number | 17-50087 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|--|
| 2.1 AT&T Mobility PO. Box 10330 Fort Wayne, IN 46851-1020 | Cellular phone & service Ends: January 2019 |

| | | Docume | ent Page 10 d | of 39 | |
|--------------------------------|---|--------------------------------|--------------------------|--------------------------------|---|
| Fill in this | information to identify your | r case: | | | |
| Debtor 1 | Margaret Ann Na | ash | | | |
| 5 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | ng) First Name | Middle Name | Last Name | | |
| United Sta | tes Bankruptcy Court for the: | WESTERN DISTRICT (| OF MISSOURI | | |
| Coco num | hor 47 50007 | | | | |
| Case num (if known) | ber <u>17-50087</u> | | | | Check if this is an amended filing |
| Officia | l Form 106H | | | | |
| | lule H: Your Cod | lebtors | | | 12/15 |
| | | | | | |
| our name | and case number (if known you have any codebtors? (If | a). Answer every question | | | p of any Additional Pages, write |
| ■ No | | | | | |
| ☐ Yes | 3 | | | | |
| 2. Wit | hin the last 8 years, have yo | u lived in a community pr | operty state or territor | r v? (Community propert | y states and territories include |
| | a, California, Idaho, Louisiana | | | | |
| ■ No. | Go to line 3. | | | | |
| ☐ Yes | s. Did your spouse, former spo | ouse, or legal equivalent live | e with you at the time? | | |
| | | | | | |
| in line Form | 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | sure you have listed th | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor | | | Column 2: The cre | editor to whom you owe the debt |
| | Name, Number, Street, City, State and 2 | ZIP Code | | Check all schedule | |
| 3.1 | | | | ☐ Schedule D, lin | e |
| | Name | | | ☐ Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, lin | Δ |
| | Name | | | Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | |
| _ | Number Street | | | _ | |
| | City | State | ZIP Code | | |

| | in this information to | | | | | | | | | | |
|---------------------|---|----------------------------|--|---|-----------|-------|-------------|--------------|--------------|----------------------------------|------------|
| Dei | btor 1 | Margaret An | n Nash | | | | | | | | |
| | btor 2 buse, if filing) | | | | | _ | | | | | |
| Uni | ited States Bankrup | tcy Court for the | : WESTERN DISTRIC | T OF MISSOURI | | _ | | | | | |
| Cas | se number 17- | 50087 | | | | | Chec | k if this is | | | |
| (If kr | nown) | | | - | | | | n amende | ed filing | | |
| | | | | | | | | | | g postpetition ollowing date: | |
| <u>O</u> | fficial Form | <u> 1061</u> | | | | | N | 1M / DD/ \ | YYYY | | |
| S | chedule I: ` | Your Inc | ome | | | | | | | | 12/1 |
| atta | ch a separate shee | et to this form. | r spouse is not filing w On the top of any additi | | | | | umber (if | known). A | | / questior |
| | | | | | | | | ☐ Empl | | iiig spouse | |
| | If you have more that attach a separate information about | page with | Employment status | ■ Employed□ Not employed | | | | • | mployed | | |
| | employers. | | Occupation | Team Leader/Tra | ainer | | | | | | |
| | Include part-time, self-employed wo | | Employer's name | Mosaic Life Care |) | | | | | | |
| | Occupation may in or homemaker, if | | Employer's address | 5325 Faaron St Saint Joseph, M | O 6450 |)6 | | | | | |
| | | | How long employed t | here? 43 year | s | | | _ | | | |
| Pai | rt 2: Give Det | tails About Mor | nthly Income | | | | | | | | |
| Esti spoi | mate monthly incouse unless you are s | ome as of the diseparated. | ate you file this form. If | you have nothing to re | port for | any | line, write | s \$0 in the | space. Inc | clude your no | n-filing |
| | ou or your non-filing e space, attach a se | | ore than one employer, co | ombine the information | for all e | emplo | oyers for | that perso | on on the li | nes below. If | you need |
| | | | | | | | For Del | otor 1 | | btor 2 or ng spouse | |
| 2. | | | ry, and commissions (b calculate what the month | | 2. | \$ | 4 | ,409.17 | \$ | N/A | - |
| 3. | Estimate and list | t monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | - |
| 4. | Calculate gross | Income. Add lir | ne 2 + line 3. | | 4 | \$ | 4 4 | 19 17 | \$ | N/A | |

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| Debt | or 1 | Margaret Ann Nash | - | Case n | umber (if known) | 17-50 |)87 | | |
|------|-----------------------------|--|---------|--------|------------------|----------|---------------|------------------|-----------------|
| | | | | For I | Debtor 1 | | ebtor 2 | | |
| | Cop | by line 4 here | 4. | \$ | 4,409.17 | \$ | | N/A | - |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 1,254.50 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e. | \$ | 101.83 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | | N/A | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: United Way | 5h.+ | \$ | 45.50 | + \$ | | N/A | - |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,401.83 | \$ | | N/A | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 3,007.34 | \$ | | N/A | _ |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 90 | ¢ | 0.00 | c | | N/A | |
| | O.L. | monthly net income. | 8a. | \$ | 0.00 | \$ | | N/A | _ |
| | 8b. 8c. | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8b. | Φ | 0.00 | Φ | | N/A | - |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$- | 0.00 | \$ | | N/A | |
| | 8e. | Social Security | 8e. | \$ | 1,867.00 | \$ | | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | | N/A | - |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | | N/A | - |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | | N/A | - |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 1,867.00 | \$ | | N/A | A |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. \$ | | ,874.34 + \$ | | N/A | = \$ | 4,874.34 |
| 10. | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | ΙΟ. Ψ | | 1 0 | | 11// | - | 4,074.34 |
| 11. | Star Incli othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depen | | • | • | hedule 11. | | 0.00 |
| 12. | | d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | 12. | \$ | 4,874.34 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | Combii monthl | ned y income |
| | | No. | | | | | | | |
| | П | Yes, Explain: | | | | | | | |

| | in this information | Constant description | | | | | | | | |
|-------------------|--|--|---------------------------------------|---|---|------------|------|---------------------------------------|---|-------|
| FIII | in this informa | ition to identify yo | our case: | | | | | | | |
| Deb | otor 1 | Margaret An | n Nash | | | Cł | neck | if this is: | | |
| Dah | otor O | | | | | | | in amended filing | | |
| | otor 2 ouse, if filing) | | | | | | | supplement snow 3 expenses as of t | ring postpetition cha he following date: | apter |
| | , ,, | | | | | | _ | | | |
| Unit | ted States Bankr | ruptcy Court for the | : WESTE | RN DISTRICT OF MISSO | URI | | N | MM / DD / YYYY | | |
| Cas | se number 17 | 7-50087 | | | | | | | | |
| (If k | mown) | | | | | | | | | |
| 0 | fficial Fo | orm 106J | | | | | | | | |
| S | chedule | J: Your | Exper | ises | | | | | | 12/15 |
| Be info nur | as complete ormation. If member (if know | and accurate as lore space is ne n). Answer evel | possible. eded, atta ry questio | If two married people are ch another sheet to this t | | | | | | |
| Par 1. | t 1: Descr Is this a joir | ribe Your House | hold | | | | | | | |
| ١. | - | | | | | | | | | |
| | ■ No. Go to | o line 2. e s Debtor 2 live i | in a conar | ata hausahald? | | | | | | |
| | | | iii a sepai | ate nousenoiu: | | | | | | |
| | □ N □ Y | - | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | hold of D | ebto | or 2. | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | | □ No | |
| | dependents | names. | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No □ Yes | |
| 3. | Do your ext | oenses include | _ | | | | | | ⊔ Yes | |
| 0. | expenses o | f people other t d your depende | han $_{m \Box}$ | No Yes | | | | | | |
| Est exp | timate your ex | | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | | |
| the | | h assistance an | | government assistance it luded it on <i>Schedule I:</i> Y | | | | Your expe | enses | |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgage | e 4. | \$ | | 0.00 | |
| | | led in line 4: | - | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4a. 4b. | | | 0.00 | |
| | | • | | ıpkeep expenses | | 4c. | - 1 | | 100.00 | |
| | | owner's associat | | | | 4d. | | | 0.00 | |
| 5. | Additional r | mortgage payme | ents for yo | our residence, such as hor | me equity loans | 5. | \$ | | 0.00 | |

| ebtor 1 | Margaret Ann Nash | Case number (if known) | 17-50087 |
|---------|---|---------------------------------------|---------------------------|
| . Utili | ies: | | |
| 6a. | Electricity, heat, natural gas | 6a. \$ | 300.00 |
| 6b. | Water, sewer, garbage collection | 6b. \$ | 150.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 255.00 |
| 6d. | Other. Specify: Trash | 6d. \$ | 14.00 |
| . Foo | and housekeeping supplies | 7. \$ | 400.00 |
| | dcare and children's education costs | 8. \$ | 0.00 |
| _ | ning, laundry, and dry cleaning | 9. \$ | 90.00 |
| | onal care products and services | 10. \$ | 50.00 |
| | ical and dental expenses | 11. \$ | 50.00 |
| | sportation. Include gas, maintenance, bus or train fare. | · · · · · · · · · · · · · · · · · · · | 30.00 |
| | ot include car payments. | 12. \$ | 160.00 |
| | rtainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 40.00 |
| | itable contributions and religious donations | 14. \$ | 0.00 |
| 5. Insu | <u> </u> | · · · · • | 3.00 |
| | ot include insurance deducted from your pay or included in lines 4 or 20. | | |
| | Life insurance | 15a. \$ | 0.00 |
| 15b. | Health insurance | 15b. \$ | 0.00 |
| 15c. | Vehicle insurance | 15c. \$ | 0.00 |
| | Other insurance. Specify: | 15d. \$ | 0.00 |
| | ss. Do not include taxes deducted from your pay or included in lines 4 or 20. | | 0.00 |
| | ify: personal property tax | 16. \$ | 6.00 |
| | illment or lease payments: | | |
| | Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| | Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| | Other. Specify: | 17c. \$ | 0.00 |
| | Other. Specify: | 17d. \$ | 0.00 |
| | payments of alimony, maintenance, and support that you did not report | | 0.00 |
| | icted from your pay on line 5, Schedule I, Your Income (Official Form 106 | | 0.00 |
| | r payments you make to support others who do not live with you. | \$ | 0.00 |
| Spec | | 19. | 0.00 |
| | r real property expenses not included in lines 4 or 5 of this form or on S | | |
| | Mortgages on other property | 20a. \$ | 0.00 |
| | Real estate taxes | 20b. \$ | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| | | · <u> </u> | |
| i. Otne | r: Specify: | 21. +\$ | 0.00 |
| 2. Calc | ulate your monthly expenses | | |
| | Add lines 4 through 21. | \$ | 1,615.00 |
| 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J- | -2 \$ | , |
| | Add line 22a and 22b. The result is your monthly expenses. | \$ | 1,615.00 |
| 220. | Add line 22a and 22b. The result is your monthly expenses. | Ψ | 1,615.00 |
| 3. Calc | ulate your monthly net income. | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 4,874.34 |
| | Copy your monthly expenses from line 22c above. | 23b\$ | 1,615.00 |
| | | | , |
| 23c. | Subtract your monthly expenses from your monthly income. | | 0.050.01 |
| | The result is your monthly net income. | 23c. \$ | 3,259.34 |
| For e | ou expect an increase or decrease in your expenses within the year after the part of the year after the year or do you expect to finish paying for your car loan within the year or do you expect the year or do your mortgage? | | ase or decrease because o |
| | | | |
| ■ N | 0. | | |

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| Fill in this in | formation to identify your | case: | | | |
|---|--|--|----------------------------|---|--------------|
| Debtor 1 | Margaret Ann Nas | sh | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | WESTERN DISTRICT O | OF MISSOURI | | |
| Case number | 17-50087 | | | | |
| (if known) | | | | ☐ Check if amende | f this is an |
| Declaration of two married You must file obtaining mo | ney or property by fraud in | r, both are equally responder, both are equally respondering to be bankruptcy schedules a connection with a bank | nsible for supplying corr | | |
| , , | n. 18 U.S.C. §§ 152, 1341, 1 Sign Below | 319, anu 3371. | | | |
| | pay or agree to pay some | one who is NOT an attor | ney to help you fill out b | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes | s. Name of person | | | Attach Bankruptcy Petition Pre Declaration, and Signature (Off | |
| | enalty of perjury, I declare vare true and correct. | that I have read the sum | mary and schedules filed | d with this declaration and | |
| X /s/ N | Margaret Ann Nash | | X | | |
| Mar | garet Ann Nash ature of Debtor 1 | | Signature of | Debtor 2 | |
| Date | March 17, 2017 | | Date | | |

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| Fill in | this infor | nation to identify you | r case: | | | |
|----------|-----------------------------|---|--|---|--|---|
| Debto | or 1 | Margaret Ann Na | | | | |
| Debto | or 2 | First Name | Middle Name | Last Name | | |
| | e if, filing) | First Name | Middle Name | Last Name | | |
| Unite | d States Ba | nkruptcy Court for the: | WESTERN DISTRICT OF | MISSOURI | | |
| Case | number | 17-50087 | | | | |
| (if know | rn) | | | | | check if this is an mended filing |
| | | | | | | |
| | | <u>rm 107</u> | | | | |
| Stat | tement | of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 |
| inforn | nation. If n er (if know | nore space is needed, n). Answer every que | attach a separate sheet to | this form. On the top of any | equally responsible for sup additional pages, write you | |
| | | r current marital statu | | | | |
| | ☐ Married ■ Not ma | | | | | |
| 2. D | | | lived anywhere other than | where you live now? | | |
| | _ | ust o years, nave you | inved any where other than | where you live how. | | |
| | ■ No □ Yes. Lis | st all of the places you I | ived in the last 3 years. Do no | ot include where you live now | ·. | |
| I | Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | No | | | | | |
| | _ | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| Part 2 | Expla | in the Sources of You | r Income | | | |
| F | ill in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| |] No | | | | | |
| | Yes. Fil | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year untiled for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$9,414.44 | ☐ Wages, commissions, bonuses, tips | ···-, |
| | | | ☐ Operating a business | | ☐ Operating a business | |

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| | | Document | raut II UI 33 | |
|----------|-------------------|----------|------------------------|---------|
| Debtor 1 | Margaret Ann Nash | | Case number (if known) | 17-5008 |

| | | | | Debtor 1 | | Debtor 2 | | |
|-----|--------------------------|-------------------------|----------------------------|--|---|------------------------------------|--------------------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | last calen nuary 1 to | dar year: December | 31, 2016) | ■ Wages, commissions, bonuses, tips | \$46,829.00 | ☐ Wages, combonuses, tips | ımissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$50,713.00 | ☐ Wages, combonuses, tips | ımissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | winnings. List each s | lf you are fil | ing a joint cas | pensions; rental income; inter e and you have income that y me from each source separa | you received together, list it o | only once under D | ebtor 1. | a gambing and lottery |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| | | / 1 of curre | nt year until nkruptcy: | Social Security | \$1,867.00 | | | |
| | | | | | | | | |
| Par | t 3: List | Certain Pa | yments You | Made Before You Filed for | Вапкгиртсу | | | |
| 6. | Are either ☐ No. | Neither Do | ebtor 1 nor D | s debts primarily consume ebtor 2 has primarily consu personal, family, or househo | <mark>umer debts.</mark> Consumer debt | s are defined in 11 | U.S.C. § 10 ⁴ | 1(8) as "incurred by an |
| | | During the | 90 days befo | re you filed for bankruptcy, di | d you pay any creditor a tota | l of \$6,425* or mo | re? | |
| | | ☐ Yes | List below e | each creditor to whom you pai editor. Do not include paymer | nts for domestic support oblig | | | |
| | | * Subject | | payments to an attorney for the on 4/01/19 and every 3 year | | or after the date of | of adjustment. | |
| | ■ Yes. | | | r both have primarily consure you filed for bankruptcy, di | | I of \$600 or more? | ? | |
| | | ■ No. | Go to line 7 | | | | | |
| | | □ _{Yes} | include pay | each creditor to whom you pai ments for domestic support o this bankruptcy case. | | | | |
| | Creditor' | s Name and | d Address | Dates of payme | ent Total amount | Amount you | Was this p | ayment for |

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Debtor 1 Margaret Ann Nash

| 7. | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any ger control, or owner of 20% of | neral partners; partners partners or more of their votin | erships of which yo g securities; and ar | u are a genera ny managing a | al partner; corporations gent, including one for |
|-----|---|--|--|---|---------------------------------|---|
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | ments or transfer | any property on a | ccount of a de | ebt that benefited an |
| | ■ No□ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount | Amount you | Reason for | this payment |
| | | zates et payment | paid | still owe | Include cred | |
| Pa | rt 4: Identify Legal Actions, Repossession | ns. and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. ■ No □ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, | foreclosed, garnis | hed, attached | I, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | d | | | property |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details. | | luding a bank or fi | nancial institution | , set off any a | mounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date taken | action was | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possess | | | fit of creditors, a |
| Pa | rt 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | otcy, did you give any gift | s with a total value | of more than \$60 | 0 per person? | ? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the g | s you gave ifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

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| Debtor 1 | Margaret Ann Nash | Document | Page 1 | Case number (if known) | 17-50087 | |
|----------|-------------------|----------|--------|------------------------|----------|--|
|----------|-------------------|----------|--------|------------------------|----------|--|

| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. | | | | | | | | |
|-----|--|---|---|------------------------------------|--------------------------|--|--|--|--|
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | | ates you entributed | Value | | | | |
| Pa | rt 6: List Certain Losses | | | | | | | | |
| 15. | Within 1 year before you filed for bankruptcy or gambling? | or since you filed for bankruptcy, did y | ou lose anything | because of theft | t, fire, other disaster, | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Describe the property you lost and how the loss occurred Describe the property you lost and lnclu | cribe any insurance coverage for the lode the amount that insurance has paid. Leance claims on line 33 of Schedule A/B: | ist pending los | ate of your ss | Value of property lost | | | | |
| Pa | rt 7: List Certain Payments or Transfers | | | | | | | | |
| 16. | Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepared include any attorneys, bankruptcy petition prepared in No Yes. Fill in the details. Person Who Was Paid | ring a bankruptcy petition? ers, or credit counseling agencies for serv Description and value of any proper | vices required in y | rour bankruptcy. | Amount of | | | | |
| | Address Email or website address Person Who Made the Payment, if Not You | transferred | | or transfer was p made | | | | | |
| | Noah J. Briles Law Office 918 Francis Street Saint Joseph, MO 64501 | Attorney's fees | 2/2 | 27/17 | \$990.00 | | | | |
| | Debt Education and Certification Foundation (DECAF) 112 Goliad Street Fort Worth, TX 76126 | Credit Counseling | 2/2 | 27/17 | \$15.00 | | | | |
| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you l | or to make payments to your creditors | | nsfer any proper | rty to anyone who | | | | |
| | No | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address | Description and value of any prope transferred | or | ate payment transfer was ade | Amount of payment | | | | |
| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers mad include gifts and transfers that you have already No Yes. Fill in the details. | iness or financial affairs? e as security (such as the granting of a se | | - | | | | | |
| | Person Who Received Transfer Address | Description and value of property transferred | Describe any p payments rece paid in exchar | eived or debts | Date transfer was made | | | | |
| | Person's relationship to you | | paid iii excilai | 190 | | | | | |

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Debtor 1 Margaret Ann Nash

| 19. | Within 10 years before you filed for bankrubeneficiary? (These are often called asset-p No Yes. Fill in the details. | | | y property to a | self-settle | d trust or similar device | of v | vhich you are a |
|-----|---|--------|---|---------------------------|-----------------------|--|-------|---|
| | Name of trust | | Description and v | alue of the pro | perty trans | ferred | | ate Transfer was nade |
| Par | 8: List of Certain Financial Accounts, In | nstrui | ments, Safe Deposit | Boxes, and St | orage Unit | s | | |
| | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No Yes. Fill in the details. | or ot | her financial accour | nts; certificates | of deposi | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | | st 4 digits of count number | Type of according trument | unt or | Date account was closed, sold, moved, or transferred | | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year | before you filed for | bankruptcy, a | ny safe dep | posit box or other depo | sitor | y for securities, |
| | □ No■ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | Describe the contents | | | Do you still have it? |
| | US Bank 100 5th Avenue Saint Joseph, MO 64505 | | Margaret Nash (Nash | & Michael | Importar valuable | nt papers - no s | | □ No ■ Yes |
| 22. | Have you stored property in a storage unit ■ No □ Yes. Fill in the details. | or pl | ace other than your | home within 1 | year befor | e you filed for bankrup | tcy? | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe | the contents | | Do you still have it? |
| Par | 9: Identify Property You Hold or Contro | ol for | Someone Else | | | | | |
| 23. | Do you hold or control any property that s for someone. No | omeo | one else owns? Inclu | ıde any proper | ty you borr | rowed from, are storing | for, | or hold in trust |
| | ☐ Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) | | Where is the prop (Number, Street, City, S Code) | | Describe | the property | | Value |

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Debtor 1 Margaret Ann Nash

| Part 10: | Give Details | About | Environmental | Information |
|----------|---------------------|-------|---------------|-------------|
|----------|---------------------|-------|---------------|-------------|

For the purpose of Part 10, the following definitions apply:

| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or |
|--|
| toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or |
| regulations controlling the cleanup of these substances, wastes, or material. |

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used

| _ | to own, operate, or utilize it, including disposal sites. | | | | | | | |
|-----|---|---|------------------------------------|--|--------|--|--------------------|--|
| | | <i>ardous material</i> means anything an en ardous material, pollutant, contaminan | | | was | te, hazardous substance, toxic | substance, | |
| Rep | ort a | II notices, releases, and proceedings th | nat you know ab | out, regardless of when | they | occurred. | | |
| 24. | Has | any governmental unit notified you that | at you may be lia | able or potentially liable | unde | er or in violation of an environm | ental law? | |
| | | No Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | | ental unit (Number, Street, City, State and | | Environmental law, if you know it | Date of notice | |
| 25. | Hav | e you notified any governmental unit o No Yes. Fill in the details. | f any release of | hazardous material? | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | | ental unit (Number, Street, City, State and | | Environmental law, if you know it | Date of notice | |
| 26. | Hav ■ | e you been a party in any judicial or ad No Yes. Fill in the details. | ministrative pro | ceeding under any envi | ronm | ental law? Include settlements | and orders. | |
| | | se Title se Number | Court or Name Address State and ZI | (Number, Street, City, | Nati | ure of the case | Status of the case | |
| Par | t 11: | Give Details About Your Business or | Connections to | Any Business | | | | |
| 27. | With | nin 4 years before you filed for bankrup | tcy, did you owı | n a business or have an | y of t | the following connections to any | y business? | |
| | | ☐ A sole proprietor or self-employed | in a trade, profe | ssion, or other activity, | eithe | er full-time or part-time | | |
| | | ☐ A member of a limited liability com | pany (LLC) or lir | mited liability partnershi | ip (Ll | _P) | | |
| | | ☐ A partner in a partnership | | | | | | |
| | | ☐ An officer, director, or managing ex | xecutive of a cor | poration | | | | |
| | | ☐ An owner of at least 5% of the votin | ng or equity secu | urities of a corporation | | | | |
| | | No. None of the above applies. Go to | Part 12. | | | | | |
| | | Yes. Check all that apply above and fi | II in the details b | elow for each business | i. | | | |
| | Ad | siness Name dress | | escribe the nature of the business | | Employer Identification number Do not include Social Security number or ITIN | | |
| | (NUI | nber, Street, City, State and ZIP Code) | Name of acco | untant or bookkeeper | | Dates business existed | | |
| | | | | | | | | |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.
 ■ No
 □ Yes. Fill in the details below.
 Name
 Date Issued

Address

(Number, Street, City, State and ZIP Code)

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Debtor 1 Margaret Ann Nash

| Part 12: Sign Below | | |
|--|--|---|
| are true and correct. I understand that ma | nt of Financial Affairs and any attachments, and I daking a false statement, concealing property, or obsup to \$250,000, or imprisonment for up to 20 year | otaining money or property by fraud in connection |
| /s/ Margaret Ann Nash | | |
| Margaret Ann Nash | Signature of Debtor 2 | |
| Signature of Debtor 1 | | |
| Date March 17, 2017 | Date | |
| Did you attach additional pages to Your S | Statement of Financial Affairs for Individuals Filing | g for Bankruptcy (Official Form 107)? |
| ■ No | | |
| □ Yes | | |
| Did you pay or agree to pay someone wh | o is not an attorney to help you fill out bankruptcy | forms? |
| ■ No | | |
| ☐ Yes. Name of Person . Attach the | Bankruptcy Petition Preparer's Notice, Declaration, al | nd Signature (Official Form 119). |

| Fill in this information to identify your case: | | | | | |
|---|--|--|--|--|--|
| Debtor 1 | Margaret Ann Nash | | | | |
| Debtor 2 (Spouse, if filing) | | | | | |
| United States B | sankruptcy Court for the: Western District of Missouri | | | | |
| Case number (if known) | 17-50087 | | | | |

| Check | Check as directed in lines 17 and 21: | | | | | |
|---|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| • | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 3. The commitment period is 3 years. | | | | | |
| | 4. The commitment period is 5 years. | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Pa | t 1: Calculate Your Average Monthly Income | | | | | | |
|----|--|--|----------------------|---------------------------------|--|---|---------------------------------|
| 1. | What is your marital and filing status? Check one | only. | | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | | | |
| | ☐ Married. Fill out both Columns A and B, lines 2-11 | 1. | | | | | |
| t | ill in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6-ne 6 months, add the income for all 6 months and divide the tole pouses own the same rental property, put the income from that | -month period we tal by 6. Fill in the | ould be e result. | March 1 through. Do not include | gh August 31. If the am e any income amount n | ount of your monthly incon nore than once. For examp | ne varied during le, if both |
| | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime payroll deductions). | e, and commis | ssions | (before all | \$4,408.39 | \$ | |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | de payments fr | om a s | spouse if | \$ | \$ | |
| 4. | All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househout and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3. | rt. Include reg old, your deper spouse only if | ular co ndents, | ontributions , parents, | \$0.00 | \$ | |
| 5. | Net income from operating a business, profession, or farm | Debtor 1 | | | | | |
| | Gross receipts (before all deductions) | \$0.0 | | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.0 | | | | | |
| | Net monthly income from a business, profession, or fa | arm \$ 0. 0 | 00 C | opy here -> S | 6.00 | \$ | |
| 6. | Net income from rental and other real property | Debtor 1 | | | | | |
| | Gross receipts (before all deductions) | \$ 0.0 | | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.0 | | | | | |
| | Net monthly income from rental or other real property | , ¢ 0.0 | 00 Cd | opv here -> 9 | 0.00 | \$ | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Debtor 1 | Margaret Ann Nash | | Case number (| if known) | 17-50087 | | |
|---------------|--|---------------------|-------------------|-----------------------|--------------------------------|----------|-------------------|
| | | | Column A Debtor 1 | | Column B Debtor 2 o non-filing | | |
| 7. I n | terest, dividends, and royalties | | \$ | 0.00 | \$ | | |
| 8. U | nemployment compensation | | \$ | 0.00 | \$ | | |
| | o not enter the amount if you contend that the amount received was a bene e Social Security Act. Instead, list it here: | fit under | | | | | |
| | | 00 | | | | | |
| | For your spouse \$ | | | | | | |
| be | ension or retirement income. Do not include any amount received that wa enefit under the Social Security Act. | | \$ | 0.00 | \$ | | |
| D re do | come from all other sources not listed above. Specify the source and are not include any benefits received under the Social Security Act or paymer eceived as a victim of a war crime, a crime against humanity, or international omestic terrorism. If necessary, list other sources on a separate page and putal below. | nts I or | \$ | 0.00 | \$ | | |
| | | | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if any. | + | \$ | 0.00 | \$ | | |
| 11 C | alculate your total average monthly income. Add lines 2 through 10 for | | | | - |] [| |
| | ach column. Then add the total for Column A to the total for Column B. | \$ | 4,408.39 | + \$ _ | | | 4,408.39 |
| 12. C | Operation of the control of the cont | | | | | \$ | 4,408.39 |
| | You are not married. Fill in 0 below. | | | | | | |
| | You are married and your spouse is filing with you. Fill in 0 below. | | | | | | |
| | _ | | | | | | |
| | Fill in the amount of the income listed in line 11, Column B, that was NO dependents, such as payment of the spouse's tax liability or the spouse' | T regula s suppo | arly paid for the | e househ other tha | old expenses an you or you | of you o | or your lents. |
| | Below, specify the basis for excluding this income and the amount of incadjustments on a separate page. | ome de | voted to each | purpose. | If necessary, | list add | tional |
| | If this adjustment does not apply, enter 0 below. | | | | | | |
| | | \$ \$ | | - | | | |
| | | +\$ | | - | | | |
| | | | | - | | | |
| | Total | \$_ | 0.00 | _ Co | py here=> | | 0.00 |
| 14. | Your current monthly income. Subtract line 13 from line 12. | | | | | \$ | 4,408.39 |
| 15. | Calculate your current monthly income for the year. Follow these steps | : | | | | | |
| | 15a. Copy line 14 here=> | | | | | \$ | 4,408.39 |
| | Multiply line 15a by 12 (the number of months in a year). | | | | | X | 12 |
| | 15b. The result is your current monthly income for the year for this part of t | he form | | | | \$ | 52,900.68 |

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Margaret Ann Nash 17-50087 Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. MO 16b. Fill in the number of people in your household. 1 44.433.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. \$ 4.408.39 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 4,408.39 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 4,408.39 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 52,900.68 \$ 20b. The result is your current monthly income for the year for this part of the form 44,433.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The

commitment period is 5 years. Go to Part 4.

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Debtor 1 Margaret Ann Nash Case number (if known) 17-50087

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Margaret Ann Nash

Margaret Ann Nash

Signature of Debtor 1

Date March 17, 2017

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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| Fill | in this info | ormation to id | dentify your cas | e: | | | | | | | |
|---------------|--|---|---|--|---|---|--|---|---------------|--------------|---------------|
| Deb | tor 1 | Margaret A | Ann Nash | | | | | | | | |
| Deb | otor 2 | | | | | | | | | | |
| | ouse, if filin | g) | | | | | | | | | |
| Unit | ed States I | Bankruptcy Co | ourt for the: We | stern District of | Missouri | | | | | | |
| Cas | e number | 17-50087 | | | | | | | | | |
| (if k | nown) | | | | | | | ☐ Chec | k if this is | an amende | d filing |
| ~ ~ ~ . | | | | | | | | | | | |
| | ial Form 1 Apter | | ulation o | f Your D | oisposak | ble In | come | | | | 04/1 |
| Com Be a | mitment F s complet ce is neede | Period (Officiant of the control of | I need your com Il Form 122C-1). te as possible. It eparate sheet to | two married this form, Inc | people are fili | ing toget | her, both are e | qually resp | onsible for | being accu | rate. If more |
| | | , | Deductions from | , | , | | | | | | |
| ti ir D | ne question information reduct the expenses if | ns in lines 6- may also be expense amou they are highe | rvice (IRS) issur 15. To find the II available at the ants set out in line or than the standa at any amounts the | RS standards, bankruptcy cl es 6-15 regardle erds. Do not inc | go online usilerk's office. ess of your actilities any opera | ing the ling tual expertating expertations | nk specified in nse. In later par enses that you | the separates of the form subtracted fr | n, you will u | ons for this | form. This |
| lf | your exper | nses differ fror | n month to month | n, enter the ave | rage expense. | | | | | | |
| Ν | lote: Line n | umbers 1-4 ar | e not used in this | form. These n | umbers apply | to informa | ation required b | y a similar fo | orm used in | chapter 7 ca | ases. |
| 5 | . The nu | mber of peop | ole used in dete | mining your o | deductions fro | om incon | ne | | | | |
| | plus the | e number of a | people who could ny additional dep in your househo | endents whom | | | | | | 1 | |
| N | lational St | andards | You must us | e the IRS Natio | onal Standards | s to answ | er the questions | s in lines 6-7. | | | |
| 6 | | | other items: Us dollar amount for | | | | in line 5 and the | e IRS Nation | al | \$ | 570.00 |
| 7 | the doll people | ar amount for who are 65 or | h care allowance out-of-pocket he olderbecause amount, you may | alth care. The rolder people ha | number of peop ave a higher IR | ple is spli RS allowa | it into two categ nce for health c | oriespeople | e who are u | inder 65 and | |

Official Form 22C-2

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Margaret Ann Nash 17-50087 Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b. 0.00 Copy here=> \$ 0.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 130 7e. Number of people who are 65 or older 1 7f. Subtotal. Multiply line 7d by line 7e. 130.00 130.00 Copy here=> 7g. Total. Add line 7c and line 7f 130.00 130.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 454.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 646.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Seterus 610.00 Copy Repeat this amount 610.00 610.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 36.00 36.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

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Margaret Ann Nash 17-50087 Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 191.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: 2007 Hyundai Entourage 150,000 miles VIN: KNDMC233476037246 Significant body damage from wreck 13a. Ownership or leasing costs using IRS Local Standard..... 471.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **Credit Acceptance** 79.48 Repeat this Copy amount on Total Average Monthly Payment 79.48 79.48 here => 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 391.52 391.52 \$ \$ Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment 0.00 Copy net 13f. Net Vehicle 2 ownership or lease expense Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Margaret Ann Nash Case number (if known) 17-50087

| Oth | er Necessary Expenses | In addition to the expens the following IRS categor | | s listed above | , you are allowed your monthly expenses | for | |
|---|---|--|-------------------------|--------------------------------------|--|----------|----------|
| 16. | 5. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. | | | | | | 1,254.00 |
| 17 | Involuntary deductions: T | _ | | | | | |
| | contributions, union dues, a | | | , , | 4 | | 0.00 |
| | Do not include amounts that | t are not required by your | job, such a | s voluntary 40 | 11(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | | | | | | 0.00 |
| 19. | Court-ordered payments: administrative agency, such | \$ | 0.00 | | | | |
| 00 | . , | | • | | You will list these obligations in line 35. | <u> </u> | |
| 20. | Education: The total month ■ as a condition for your journing. | | or education | that is either | required: | | |
| | | | | | | æ | 0.00 |
| | | | | | ation is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total month Do not include payments fo | | | - | sitting, daycare, nursery, and preschool. | \$ | 0.00 |
| 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. | | | | | | \$ | 0.00 |
| | • | • | | | | Ψ | |
| 20. | 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. | | | | | | |
| 24. | Add all of the expenses a Add lines 6 through 23. | llowed under the IRS ex | pense allo | wances. | | \$ | 3,026.52 |
| Δdα | litional Expense Deduction | s These are additiona | al deduction | s allowed by the | he Means Test | | |
| Auc | inional Expense Beddonon | | | | s listed in lines 6-24. | | |
| 25. | | | | | nses. The monthly expenses for health ly necessary for yourself, your spouse, o | ır | |
| | Health insurance | | \$ | 101.83 | | | |
| | Disability insurance | | \$ | 0.00 | | | |
| | Health savings account | | + \$ | 0.00 | | | |
| | Total | | \$ | 101.83 | Copy total here=> | \$ | 101.83 |
| | Do you got wally around this t | total amount? | | | | | |
| | Do you actually spend this to No. How much do y | | | | | | |
| | Yes | od dolddiry opend: | \$ | | | | |
| 26. | Continued contributions to continue to pay for the reas | onable and necessary car of your immediate family | d or family re and supp | oort of an elder ole to pay for s | e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may 529A(b) | \$ | 0.00 |
| 27. | Protection against family | violence. The reasonably | y necessary | monthly expe | enses that you incur to maintain the ses Act or other federal laws that apply. | | |
| | By law, the court must keep | • | | | is a serior rodoral laws that apply. | \$ | 0.00 |

| 00 | Margaret Ann Nash | Cas | se number (if kno | wn) | 17-50 | 087 | | |
|----------------------|--|--|-------------------------------|--------------------------|---|----------------------|--------------------|-----------------|
| | Additional home energy costs. Your hom line 8. | ne energy costs are included in your insurance | e and operati | ing ex | penses | on | | |
| | If you believe that you have home energy of 8, then fill in the excess amount of home en | costs that are more than the home energy cosnergy costs | ts included ir | n expe | enses o | n line | | |
| | You must give your case trustee document amount claimed is reasonable and necessary | ation of your actual expenses, and you must sary. | show that the | addi | tional | | \$_ | 0.00 |
| | Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school. | dren who are younger than 18. The monthly ependent children who are younger than 18 years. | expenses (r ears old to at | not mo tend a | re than private | e or | | |
| | You must give your case trustee document claimed is reasonable and necessary and it | ation of your actual expenses, and you must on already accounted for in lines 6-23. | explain why t | he an | nount | | | |
| | * Subject to adjustment on 4/01/19, and ev | ery 3 years after that for cases begun on or af | ter the date | of adju | ustment | t. | \$ | 0.00 |
| | D. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. | | | | | | | |
| | To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. | | | | | | | |
| | You must show that the additional amount | claimed is reasonable and necessary. | | | | | \$_ | 0.00 |
| | Continuing charitable contributions. The instruments to a religious or charitable organization | e amount that you will continue to contribute in anization. 11 U.S.C. § 548(d)(3) and (4). | the form of | cash | or finan | cial | | |
| | Do not include any amount more than 15% | of your gross monthly income. | | | | | \$_ | 45.50 |
| | Add all of the additional expense deductions. Add lines 25 through 31. | | | | | | \$ | 147.33 |
| Ded | uctions for Debt Payment | | | | | | | |
| | For debts that are secured by an interest oans, and other secured debt, fill in lines | in property that you own, including home | mortgages, | vehic | le | | | |
| Т | | ent, add all amounts that are contractually du | e to each se | cured | | | | |
| | | inkruptcy. Their divide by 00. | | | | | | |
| | Mortgages on your home | inkruptcy. Then aivide by 00. | | | | | | ge monthly |
| 332 | Conviling Oh have | | | | | | payme | ent |
| 33a. | Copy line 9b here | Tiki upicy. Their divide by 00. | | | : | | | |
| | Copy line 9b here Loans on your first two vehicles | | | | | => | payme | 610.00 |
| 33b. | Copy line 9b here Loans on your first two vehicles Copy line 13b here | | | | | => | \$\$ | 610.00 79.48 |
| | Copy line 9b here Loans on your first two vehicles Copy line 13b here | | | | | => | payme | 610.00 |
| 33b. 33c. 33d. | Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | | | | | => => => | \$\$ | 610.00 79.48 |
| 33b. 33c. 33d. | Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here | | | Does | | => => => nt | \$\$ | 610.00 79.48 |
| 33b. 33c. 33d. | Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | | | Does includ or ins | payme e taxes urance' | => => => nt | \$\$ | 610.00 79.48 |
| 33b. 33c. 33d. | Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | | | Does includ or ins | payme e taxes urance' | => => nt | \$\$ \$\$ \$ | 610.00 79.48 |
| 33b. 33c. 33d. | Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | | | Does includ or ins | payme e taxes urance' | => => nt | \$\$ | 610.00 79.48 |
| 33b. 33c. 33d. | Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | | | Does includ or ins | payme e taxes urance' | => => nt | \$\$ \$\$ \$ | 610.00 79.48 |
| 33b. 33c. 33d. | Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | | | Does includ or ins | payme e taxes urance' No 'es | => => => nt | \$\$ \$\$ \$ | 610.00 79.48 |
| 33b. 33c. 33d. | Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | | | Does includ or ins | payme e taxes urance' No 'es | => => => nt | \$ \$ | 610.00 79.48 |
| 33b. 33c. 33d. | Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | | | Does includ or ins | payme e taxes urance' No 'es No 'es | => => nt 3? | \$ \$ | 610.00 79.48 |
| 33b. 33c. 33d. | Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | | | Does includ or ins | paymele taxes urance' No 'es No 'es | => => nt 3? | \$ \$ \$ | 610.00 79.48 |

Margaret Ann Nash Case number (if known) 17-50087 Debtor 1 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt **Total cure amount** Monthly cure amount 3210 Normandy Rd Saint Joseph, MO 64505 Buchanan County **4,500.00** \div 60 = \$ 75.00 Seterus Home $\div 60 = \$$ $\div 60 = +$ \$ Copy total 75.00 75.00 Total | \$ here=> \$ 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 0.00 36. Projected monthly Chapter 13 plan payment 895.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 5.90 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 52.81 52.81 Average monthly administrative expense here=> 817.29 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 3.026.52 expense allowances Copy line 32, All of the additional expense deductions \$ 147.33 Copy line 37, All of the deductions for debt payment 817.29 3,991.14 3,991.14

\$

Total deductions.....

\$

Copy total here=>

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Margaret Ann Nash 17-50087 Case number (if known) Debtor 1 Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) Part 2: 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 4.408.39 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 3.991.14 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Сору 0.00 0.00 Total \$ here=> \$ Copy 44. **Total adjustments.** Add lines 40 through 43. 3.991.14 3,991.14 here=> -\$ 417.25 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or Amount of change decrease? ☐ 122C-1 ☐ Increase ☐ Decrease □ 122C-2 ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ■ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease

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| Debtor 1 | Margaret Ann Nash | Case number (if known) | 17-50087 |
|----------|--|---|-------------------------------|
| | | | |
| | | | |
| Part 4: | Sign Below | | |
| В | By signing here, under penalty of perjury you declare that the informa | ation on this statement and in any atta | achments is true and correct. |
| | , againg, | , | |
| _ | /s/ Margaret Ann Nash | | |
| | Margaret Ann Nash Signature of Debtor 1 | | |
| | March 17, 2017 MM / DD / YYYY | | |
| | IVIIVI / DD / I I I I | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| C | hapter 7: | Liquidation |
|----------|-----------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| <u>+</u> | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.